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Generating Therapeutic Attunement Through Mindfulness Practice

by

Kestrel Feiner-Homer, B.A

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Therapeutic attunement refers to the non-linear process in which therapists track the moment-to-moment changes in the somatic, emotional and energetic rhythms of the client, themselves and the intersubjective relationship that exists between them. Literature on this topic suggests that therapeutic attunement is imperative for creating empathic alliances that foster reparative neural growth and result in positive treatment outcomes. This study uses Scholarly Personal Narrative and single system design to explore the impact that integrating forty minutes of mindfulness meditation into my daily routine had on my ability to cultivate therapeutic attunement in my work with clients. Over the course of the six-week intervention period, I wrote daily reflections on my experience meditating. In addition, I completed the Therapeutic Presence Inventory-Therapist (TPI-T) measure and reflected on my experience of therapeutic attunement immediately following each session with a client. In analyzing the data, I found increases in three of the four subscales of the TPI-T as well as correlations between my ability to attune and particular clients. Furthermore, I discovered four internal states of being that impacted my ability to be present during meditation and when working with clients. Findings from this study suggest that practicing mindfulness meditation may help new clinicians build tools for emotional regulation and enhance their ability to maintain a curious and empathic therapeutic stance in their practice. In addition, this study points to the value of meditation and written reflection as a means of developing the self-awareness necessary to identify and shift habitual cognitive, emotional and relational ways of being that inhibit one's ability to attune to clients and supervisees.

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Table of Contents

Preface	5
Introduction	7
Literature Review	10
Method	29
Lenses	44
Findings	48
Discussion	58
Conclusion	63
References	64
APPENDIX A	72
APPENDIX B	73
APPENDIX C	74
APPENDIX D	78
APPENDIX E	80
APPENDIX F	82
APPENDIX G	83

Preface

A little over ten years ago, I found myself at a house party in Olympia, Washington. Along with thousands of others, our rag-tag crew of students, labor organizers, parents and day workers had just participated in an unprecedented march that drew Seattle's attention to the desperate need for immigration reform. Now, we spread throughout the little bungalow and into the postage-stamp yard, our animated conversation reaching up to embrace the hazy night sky, beer washing away the sweat and adrenaline from the day.

Sometime into the night, the music turned up loud. Chairs were moved, rugs rolled up and the dining room erupted into movement. I stood against the wall watching in contentment and soaking up that sense expansiveness that comes when I feel connected to something larger than myself.

I had taken a couple salsa classes since arriving at college and despite my aching legs, I was ready to dance. At some point, my friend Ricardo appeared and pulled me into the moving swarm of people. I recognized the song that was playing, a salsa by Oscar de León. I took a deep breath and began silently counting in time with the music, *one, two, three, pause, one, two, three, pause. one, two, three, pause.* I aligned my feet with his, mirroring his movement and anticipating the moment when he would lift my arm and cue me to go spinning across the floor.

Instead, he stopped dancing. "What are you doing?" he asked over the blare of the music. "What do you mean?" I replied, feeling a trickle of self-consciousness work its way down my body. "You're thinking too much. You're in your head," he said with a smile. I could feel my face flush. I was grateful the lights were low. "Don't worry about what your feet are doing. Don't think about what is coming next. Just feel the music." We joined hands again and began to move. This time, I closed my eyes.

I felt the warmth from our bodies fill the space between us. Gradually, I began to relax. I listened for subtle changes in his body language and used my own muscles in a language of response. Sometimes we danced close together and the boundary between us felt thin and permeable. In other moments we released hands and separated into a wild dance that belonged to each of us individually. Always, we came back together into a rhythmic, wordless dialect of trust in which we both led followed.

As night turned to morning the revelers slowly said our goodbyes. Final shouts of, "¡Si se puede!" pierced the orange sky. Ricardo and I hugged goodbye and I piled into my friend's car. As we drove the short ride home, I watched the city come to life and felt the memory of music buzzing in my bones.

Now, as I prepare to graduate with my master's degree in social work, I am reminded of that warm spring night almost ten years ago. I have spent the past eighteen months studying the dance of clinical social work. I've memorized the names and ideas

of major theorists, become familiar with an array of different methodologies and learned how to assess, plan and evaluate. I know how to count the steps and yet I am still not dancing.

This paper aims to bridge the gap between classroom learning and experiential knowledge. It is an attempt to uncover that intangible quality that transforms choreographed movement into dance, and protocol-based clinical interactions into moments of therapeutic connection.

Introduction

Many have acknowledged that the relationship between therapist and client is at the core of the healing process. In fact, several studies suggest that a strong therapeutic alliance is the strongest predictor of successful outcomes for people seeking mental health treatment (Asay & Lambert, 1999; Geller & Porges, 2014; Ornstein & Ganzer, 2005). Meanwhile, recent developments within the field of neuroscience are shedding light onto why this might be. New findings suggest that positive relationships throughout the lifespan can create physiological shifts in the brain structure that help people develop affect control, self-regulation and stronger sense of self (Shore, 2014). In addition, the field of interpersonal neurobiology is uncovering ways in which the therapeutic alliance can be used to create new neural pathways that promote emotional wellbeing (Siegel, 2006). Literature on the topic suggests that this happens through the non-verbal attunement of the therapist to themselves, to the client and the moment-to-moment shifts in the relationship between client and therapist during the therapeutic encounter (Greets, Bouhuys & Van den Hoofdakker, 1996; Greets, Kouwert, Bouhuys, Meesters & Jansen, 2000; Havas, Svartberg & Ulvenes 2015, Ramseyer & Tshacher, 2011, Geller & Porges, 2014; Quillman, 2013, Schore, 2014, Knox, 2013)

Clinical social work programs present a theoretical backing for why a strong therapeutic alliance is necessary for effective therapy. Discussions in class often center on the importance of using qualities of empathy and positive regard, and a strengths-based approach to form positive therapeutic alliances (Boyd-Franklin, Cleek, Wofsy & Mundy, 2013). Despite this, little attention is given to helping students' develop the

internal and interpersonal resources necessary to do this (Geller and Porges, 2014. Siegel, 2012; Bruce, Manber, Shapiro, & Constantino, 2010).

Meanwhile, mindfulness practices are flooding western mental health services. Research is beginning to confirm that the incorporation of mindfulness practices into clinicians' self-care regimes results in increased levels of self-compassion, self-awareness and self-esteem and decreased levels of anxiety, stress and burnout (McGarrigle, & Walsh, 2011; Shapiro et al., 2005; Schomaker, 2015, Shapiro et al. 2006, Brown & Ryan, 2003; Krasner et al., 2009). Unsurprisingly, research also suggests that when clinicians cultivate self-awareness and loving self-acceptance through mindfulness practices, their clients directly benefit (Dunn, Callahan, Swift & Ivanovic, 2013; Grepmaier, Mitterlehner, Loew, & Nickel, 2007; Padilla, 2010). Three pivotal studies on this topic have found a positive correlation between the engagement of therapists in mindfulness practices and reduced symptoms and increased problem solving capacity among their clients as well as strengthened therapeutic alliances and increased therapist effectiveness. Furthermore, mindfulness practices are being proposed as a way for clinicians to develop the ability to cultivate presence, empathy and self-awareness, core tenants of therapeutic attunement, in the therapeutic encounter (McCollum & Gehart, 2010; Krasner et al., 2009; Schomaker, 2015).

The purpose of this research project is to explore the experience of using mindfulness practices as an avenue for developing self-attunement and attunement to the client. As Siegel (2010) suggests, both mindfulness practices and therapeutic attunement are embodied experiences that can only be learned by direct practice and reflection.

Therefore, I will use an experiential approach to explore the impact that developing mindful awareness has on my development of self-awareness.

In order to better understand the ways that mindfulness practices can be used to develop therapeutic attunement, a literature review focusing on interpersonal neurobiology, therapeutic attunement and mindfulness will first be presented. A chapter outlining the two methods of Scholarly Personal Narrative and single system design that were used collect and analyze data for this study will follow. Next, I will present the theoretical, professional and personal lenses that I bring to this research process. Following this, I will outline the quantitative and qualitative findings. Lastly I will discuss the findings and implications of this study.

Literature Review

An exploration of the literature on the topics of therapeutic attunement and mindfulness provides a rich and nuanced framework for the theoretical and empirical understanding of these concepts. In order to ground the reader in the role that attunement plays in human bio-psycho-social development, I will begin by presenting information about the emerging field of interpersonal neurobiology. I will then explore the role that attunement plays in the therapeutic relationship. Lastly, I will illuminate current research on the relationship between clinician mindfulness and the development of therapeutic attunement.

Interpersonal Neurobiology: Why Attunement Matters

Understanding the role that attunement and mis-attunement play in a person's bio-psycho-social development is crucial to understanding the importance of attunement within the therapeutic alliance. The emerging field of interpersonal neurobiology seeks to bring together objective neurobiological findings with the complex, subjective realm of human experience in order to better understand how the mind works (Siegel, 2006, 2012). Interpersonal neurobiology proposes that early relationships shape the brain in ways that impact social, emotional and biological development. In the words of Marks-Tarlow (2014), in interpersonal neurobiology, "the individual is seen to 'emerge out' of a relationships with a significant 'other'" (p 220). The quality of relationships throughout one's lifespan, therefore, has significant impact on both neurological development and emotional well-being. By harnessing some of the insights provided by recent findings in the field of interpersonal neurobiology, clinicians can deepen their ability create a safe, attuned environment that promotes pro-social neural growth. In order to provide an in-

depth explanation for the ways attunement matters, information about the Polyvagal theory, early attachment and brain development, right brain function and right brain communication will now be discussed.

Polyvagal theory. Neuroscientist Stephen Porges developed the Polyvagal Theory to explain the interaction between the autonomic nervous system (ANS) and human behavior (Porges, 2011). This theory explores the ways that the dorsal vagal and ventral vagal branches of the tenth cranial nerve in the subcortical brain are responsible for activating the different defense systems that inform how we detect and respond to environmental features of safety and danger. In essence, Porges' work gives an explanation for the bidirectional way in which the mind and body interact. In addition, this ground-breaking work provides scientific evidence of a newly discovered "social engagement system" that is essential to inhibiting hyper arousal and maintaining homeostasis (Geller & Porges, 2014).

The polyvagal theory proposes that our bodies are constantly surveying our environments, looking for markers of safety and threat in a process Porges' refers to as neuroception (Geller & Porges 2014). Our ANS then interprets this sensory information and enacts one of the following three hierarchical physiological responses: social engagement, fight or flight, or freeze. When our ANS detects safety, it engages the parasympathetic nervous system. This response enables our bodies to be in a state of homeostasis, thus promoting physiological growth and restoration. When confronted by a threatening environmental stimulus, our ANS elicits the sympathetic nervous system that prompts the release of stress hormones, increases our heart rate, slows our digestion and prepares us for either flight or flight to ensure survival. If our ANS is overwhelmed by

the intensity of the threat, it defaults to the freeze response in the parasympathetic nervous system. In this dissociative state, our organs shut down and the body prepares for a painless death.

Porges' articulation of how the social engagement is connected to neurobiological responses has important implications for understanding attunement within the therapeutic relationship (Geller & Porges, 2014). Geller and Porges (2014) propose that engaging this system within the therapist client dyad is crucial to supporting the individual's ability to self regulate during therapy as well as broadening client's tolerance for relational stress.

Early attachment and brain development. We are all born with the innate drive to be physically close and in communication with our caregivers (Badenoch, 2001). In recent years, developments in the field of neuroscience have begun supporting what attachment theorists have been promoting since Bowlby's first introduced his theory to the field of psychology in the late 1950's: the early relationship between infant and caregiver lays a template for relational patterns that continue through out a person's life (Schore, 2014; Geller & Porges 2014; Quillman, 2013; Van der Kolk, 2000). These findings not only point to the impact that early attachment experiences have on the brain development of infants, they also provide clinical social workers with valuable information about how to support new neural growth in clients who have experienced early relational trauma in order to help their brains improve the emotional self-regulatory process (Bradenoch, 2008, Siegel, 2010).

From an interpersonal neurobiological perspective, early, non-verbal communication between caregiver and infant greatly impacts the development of neural pathways in the right brain to form what Schore (2014) refers to as our "relational

unconscious.” Infants do not have the capacity to self-regulate their internal emotional states. Instead, they rely on caregivers to constantly attune to the moment-to-moment shifts in their emotional states. When caregivers respond to infants’ distress, they help to regulate the their autonomic nervous system (ANS) by providing a feeling of safety, thereby slowing our heart beat, curbing the production of stress hormones and bringing our physiology back into a state of calm (Schore 2006, Badenoch 2008). In secure attachment relationships caregivers are attuned to the infant’s needs and respond in ways that increases positive affect and decreases negative affect. When this happens, the internal neurological structures that are necessary for affect and stress regulation are able to form. As the infant grows older, these mechanisms that were originally controlled by the caregiver gradually become self-regulating (Schore, 2014)

Conversely, in situations where caregivers are unable to attune to their children and secure attachment does not form, the neural pathways necessary for self-regulation of the ANS are inhibited from forming (Ginot, 2007; Wilkinson, 2003; Van der Kolk, 2000; Schore, 2014). In circumstances of early relational trauma like abuse and neglect for example, the infant brain is continually flooded with stress hormones that organize neural growth in ways that prepare the brain to interface with a hostile world. These early physiological experiences of sustained stress, perceived threat and anxiety have a detrimental impact on the brain’s ability to develop the right brain mechanisms of affect regulation, stress modulation and interpersonal relatedness. In addition, once neural pathways have been activated by severe stress, future perceived stressors of less intensity can activate a state of hyper arousal in the amygdala, similar to that experienced at the time of the early trauma. This reinforces the neural pathways that lead to emotional

disregulation and the production of stress hormones as well as increased interpersonal anxiety (Wilkinson, 2003; Ginot, 2007).

Therefore, the early attachment relationship has the power to shift neurological development that then informs the ways in which humans assess and react to interpersonal experiences throughout the lifespan (Ginot, 2007; Schore, 2014, Wilkinson 2003). According to the literature, these unconscious working models are stored in implicit memory centers in the right brain. While often not within conscious understanding, these implicit memories inform the ways humans perceive threat in the environments, respond to stressors and form connections with others (Schore, 2014). The following will provide information about how right brain functions and its important role in implicit communication.

Right-brain functions. It is common to hear people refer to themselves as more “right brain” or “left brain,” but how do our two hemispheres really differ? For the purposes of this paper, I will focus primarily on the functions of the right hemisphere. But, before I do so, a brief description of the processing mechanisms of the left side is in order. The left hemisphere of our brains is dedicated to literal, logical and linear thought processes (Siegel, 2006, Badenoch, 2007). It is detail oriented and adept at problem solving. It is also responsible for language development and holding explicit (conscious) memory. As I sit here, writing this paper, my left-brain is hard at work helping me decide what word to type next and how best to express my thoughts. It is also drawing on my explicit memory to retrieve information from my research on brain functions.

Meanwhile, my right hemisphere is also fully engaged. The right hemisphere is responsible for global, non-linear perception, or as Siegel (2006) describes, “perceiving

things in the whole of their essence” (p. 253). While the left-brain holds factual and procedural information referred to as explicit knowledge, the right brain hemisphere is responsible for holding implicit knowledge. This includes our emotional, relational and body-based processes (Badenoch, 2007; Marks-Tarlow, 2014, Siegel, 2006).

The right brain conducts a spectrum of functions that include the processing of unconscious emotional information, and non-verbal communication, storing implicit memory, managing our stress response, maintaining a sense of self and generating the experience of empathy (Badenoch, 2007; Siegel, 2006, Schore, 2014). As mentioned earlier, researchers in the field of interpersonal neurobiology refer to the right brain as our “social unconscious,” meaning that it holds the schema for relational models that have been established in early attachment patterns and continue to impact the ways in which we relate to others, making us feel safe or unsafe in the world (Marks-Tarlow 2011; Schore, 2014).

While each hemisphere of the brain specializes in different functions, it is important to remember that both halves are constantly interacting via the corpus callosum that transfers information between the two sides (Siegel, 2012). Neuroscientists speculate that what we think of as the mind is actually created by the combined functioning of this interhemispheric communication between left and right neural firings, and the brain’s communication with the rest of our body. When all of this neurological activity happen simultaneously, humans have the unique experience of being emotionally, cognitively and somatically alive (Siegel, 2012).

Right brain communication. In the first few years of life, contemporary neuroscience suggests that, the right brain develops much more quickly than the left-

brain (Badenoch, 2007). This can be seen in the ways that infants and caregivers rely on non-verbal communication to interact and form their attachments. While the left-brain controls verbal communication, the right brain is responsible for sending and perceiving non-verbal messages, known as implicit communication (Schoore, 2014; Ginot 2007, Quillman, 2012). These non-verbal cues take the form of eye contact, prosody of speech (tone, inflection and intensity), posture, rhythm of breathing, body movement and facial expression. Although we are rarely conscious of the messages we are sending through implicit communication, seventy percent of what we communicate is done so non-verbally (Aposhyan, 2004).

Just as right-to-right brain communication is essential in the early attachment relationship, so it is in the therapeutic alliance (Fries, 2012; Marks-Tarlow, 2014; Quillman, 2012; Shore, 2014). As therapists invested in the change process with clients, clinicians must be more attentive and attuned to messages communicated beneath the words of both our clients and ourselves. By tuning in to this implicit communication, practitioners gain important insights into the internal right-brain worlds of clients, while simultaneously heightening their ability to act with heightened self-awareness in the context of the therapeutic alliance (Marks-Tarlow, 2014; Quillman, 2012; Boadella, 1997; Wilkinson, 2012). What's more, attuning to the implicit communication within the therapeutic alliance provides a safe container that helps clients regulate their ANS's and, with ongoing treatment, holds the possibility of creating new neural pathways for positive social engagement that is needed for self-regulation (Geller & Porges, 2014; Schoore, 2001).

Attunement in Therapeutic Relationship: Using More than Words

There is something unworded, an undercurrent to our work that breathes a particular idiomatic force into the treatment relationship. An experiential coming together of two minds and bodily states that verbal description fails to capture (Fries, 2012 p. 587).

Siegel (2010) describes attunement as the ability to “focus our attention on others and take their essence into our inner world” (p 34). It requires tapping into our right brain’s capacity to perceive the whole of what is present in all of it’s complexity and abstraction (Marks-Tarlow, 2011). In the therapeutic relationship, attunement is the non-linear process in which the therapist is actively cultivating a state of awareness that tracks the moment-to-moment changes in the somatic, emotional and energetic rhythms of clients, themselves and the intersubjective relationship that exist between them. It is a fully embodied practice that is guided by the body’s ANS and limbic system in order to perceive and respond to implicit communication (Marks-Tarlow, 2011, Siegel, 2010).

When therapists are able to attune to a client’s somatic state, they simulate attuned non-verbal interactions between baby and caregiver (Schore, 2014). Wilkinson, (2003) contends that, with time, this can provide a corrective, relational experience for clients who have experienced insecure attachments. What is more, Schore (2014) propose that repeated experience of somatic attunement in the therapeutic relationship facilitates neural growth in the subcortical and cortical regions in the right brain, thus enhancing the client’s ability to self-regulate and tolerate stress. In order to better understand the different aspects of attunement in therapeutic encounters, the following themes of the role of attunement in psychotherapy, attunement to the intersubjective field, empathic attunement, somatic attunement and therapeutic presence will now be discussed.

Attunement in psychotherapy. Empirical research on the topic of attunement and psychotherapy suggests that heightened attunement within the therapeutic relationship correlates with significant symptom reduction and positively impacts the course of treatment (Greets, Bouhuys & Van den Hoofdakker, 1996; Greets, Kouwert, Bouhuys, Meesters & Jansen, 2000; Havas, Svartberg & Ulvenes 2015, Ramseyer & Tshacher, 2011, Geller & Porges, 2014).

Therapeutic attunement is imperative when working with clients who present with symptoms of depression and clients with early relational trauma. Greets et al. (1996) found that increased attunement during twenty-minute intake sessions with depressed clients predicted positive outcomes in their subsequent treatment. Similarly, Greet et al. (2000) found congruent results in their study of sixty patients diagnosed with Seasonal Affective Disorder.

Attunement within the therapeutic alliance is also thought to be essential to the effective treatment of clients with ambivalent and avoidant attachment styles. In a quantitative study of forty-nine people with cluster C personality disorders, Havas et al. (2015) report that, non-verbal attunement within the therapeutic alliance predicted significantly lower levels of ambivalent attachment insecurity and lower levels of avoidant attachment insecurity within the therapeutic relationship. This study also concludes that verbal attunement had little impact unless it was paired with non-verbal attunement.

Attunement to the intersubjective field. Current literature on the topic of attunement within the therapeutic relationship suggests that effective therapy requires attunement to the intersubjective field (Quillman, 2013, Schore, 2014, Knox, 2013,

Lyons-Ruth 1998). Lyons-Ruth (1998) defines the intersubjective field as the place in which, “implicit relational knowing of patient and therapist intersect” (p 282). In other words, it is a co-created, third-space in the therapeutic relationship that uses the non-verbal process of right brain-to-right brain communication, giving relational meaning to interactions with clients.

Schore and Schore (2008) propose that the intersubjective field encompasses the “attachment bond of emotional communication and interactive regulation” (p. 15). Because of this, attuning to the intersubjective field allows therapists to better understand the ever-evolving relational patterns that develop between client and therapist, and thus provide insight into client attachment patterns. Similarly, Ginot (2007) goes on to suggest that enactments and strong transference and counter transference exchanges within the therapeutic relationship arise from the relational patterns that exist within the intersubjective field. Therefore, attuning to the third space of the intersubjective field enables therapists to see client transference, illuminate them to clients, explore enactments and bring awareness to their own counter transference patterns.

Empathic attunement to the client. Empathy plays a critical role in attunement and is essential to positive therapeutic outcomes (Siegel, 2014, 2012; Elliot, Bohart, Watson & Greenberg 2011, Malin & Pos, 2015, Watson, Steckley, McMullen 2014). Empathy refers to the ability of humans to “feel with” another person. In the words of Corradini & Antonietti (2013), “empathy can be conceived of as a person’s capacity to understand what others intend to do by experiencing the sensations, emotions, feelings, thoughts, beliefs, and desires which the other is experiencing” (p. 1152). Decety and Lamm (2006) expand on this definition by proposing that a key element of empathy is to

experience another's internal state while simultaneously maintaining a separate perspective that allows the observer to differentiate their internal emotional state from that of others.

The field of neuroscience has begun to shed light on the complex nature of empathic attunement, with the discovery of mirror neurons by a group of Italian scientists in the 1990s (Siegel, 2012). The mirror neuron system (MNS) is located in the frontal and prefrontal regions of the cortex. When interacting with other people, the MNS generates an internal simulation of the other person's experience. As a result, the nervous system as well as the emotional limbic system have the ability to physiologically resonate with the internal state of other people, thus generating the experience of empathic attunement (Siegel, 2012; Corradini & Antonietti, 2013).

Research about mirror neurons provides fascinating insight into the ways in which people are hardwired to unconsciously imitate and empathize with others. Research by Dimberg, Thunberg, & Elmehed (2000) found that when subjects in their study watched people make facial expressions that correlated to different emotions, the muscles necessary to make expression were activated in their own faces. Similarly, Avenanti, Buetti, Galati, and Aglioti (2005) report that when subjects watched a video of a hand being penetrated by needle, the muscles in their own hands were stimulated in proportionate measure the amount of pain they predicted the other person feeling.

In the therapeutic relationship, learning to deepen one's ability to empathically attune to the client is critical to effective treatment across theoretical approaches and treatment modalities (Elliott, Bohart, Watson & Greenberg 2011, Molin & Pos, 2015, Watson, Steckley, McMullen 2014). Research on the topic of empathic attunement within

the therapeutic alliance suggests a correlation between therapists' empathy and improved self-esteem, relational patterns and therapeutic alliance as well as lowered depressive symptoms among clients (Elliot et al. 2011; Malin & Pos, 2015, Watson, Steckley, McMullen 2014). In a sample of fifty-five clients who presented with major depressive disorder and received sixteen sessions of either cognitive behavior therapy or EFT-PE, Watson et al. (2014) found a significant relationship between clients' perception of their therapists' empathy and increases in secure attachments in clients' lives. In this same study, therapist empathy was also correlated with decreased levels of depression and negative self-perceptions

Somatic attunement. Attunement demands an embodied practice in which therapists pay close attention to the physical sensations that arise in themselves during the session while simultaneously tracking somatic cues from their clients (Hunter, 1993; Boadella, 2015; Marks-Tarlow, 2011, 2014; Fries, 2012; Geller & Porges, 2014, Schore, 2014; Carleton & Gabay, 2012, Blackburn & Price, Quillman, 2012; Rand, 2002). This two-fold exercise enables therapists to gain insight into affect arousal within the client that may not be verbally expressed. It also helps the therapist bring awareness to the somatic markers or gut feelings that arise during the session. Lastly, somatic attunement helps therapists monitor the arousal level of their own nervous systems and bring into consciousness counter transference as it is happening.

Contemporary literature on the topic of somatic attunement describes the body as the vessel for the communication of implicit, unconscious, right-brain memory and information (Schore 2014; Marks-Tarlow, 2014; Quillman, 2012). As a result, attuning to clients' physical markers of breath, posture, facial expression, gaze and tone of voice give

the therapist insight into the internal world of the client (Carlton & Gabay, 2012, Marks-Tarlow, 2014, Quillman, 2012, Hunter, 1993). By attuning to these somatic expressions therapists can better understand and respond to clients' emotional dysregulation.

When therapists attune to the physical sensations present in their own bodies, they are better able to recognize “somatic markers” or gut feelings that provide essential information about how to best respond to the client (Rand, 2002; Fries, 2012; Marks-Tarlow, 2014). As part of the enteric nervous system, our guts contain over 100 million nerves that transmit messages through our spinal chord via all of the major neurotransmitters (Marks-Tarlow, 2014). Our guts, therefore, are especially adept at perceiving non-verbal affect cues from other people. Marks-Tarlow (2014) argues that developing somatic self-attunement gives the therapist access to these gut feelings, which, in turn, enable therapists to develop clinical intuitions necessary for accurately interpreting the clients; messages that are conveyed beneath their words.

Furthermore, Marks-Tarlow (2014) and Fries (2012) propose that when therapists bring attention to their embodied experience of the client, they gain insight into their own somatic counter transference. This gives therapists clues about what is happening on a visceral level with the client. For example, “a knot in the stomach might signal dysregulated anger, an ache in the chest, deregulated grief” (Marks-Tarlow, 2014, p. 225). Simultaneously, this process supports the therapist in developing self-awareness around the state of their own ANS, thus helping the therapist to stay emotionally regulated during *their* work with clients.

Therapeutic Presence

Therapeutic presence is an essential ingredient to forming an attuned relationship between therapist and client (Siegel, 2010, Geller & Porges, 2014; Geller, Greenberg & Watson, 2010; Colosimo & Pos, 2015). The concept of therapeutic presence transcends the simplistic idea that presence is simply the absence of distraction. Geller, et al. (2010) describe presence as “bringing one’s whole self into the encounter with the client on multiple levels: physically, emotionally, cognitively and spiritually” (p 599). They go on to define therapeutic presence as involving the following three aspects:

“(1) being fully in contact with one’s self in the moment, while being (2) open, receptive, and immersed in what is poignant in the moment, with (3) a larger sense of spaciousness and expansion of awareness and perception” (p. 599).

Using qualitative research about therapists’ experience of cultivating presence during psychotherapy, Geller and Greenburg (2002) created a model for therapeutic presence that captures the three main categories that emerged in their research: *preparation, process and experience*. *Preparation* refers to the act of setting an intention to be present prior to the session or, “preparing the ground” for presence. *Process* is what the therapists are actively doing when they are being present. *Experience* refers to the therapist felt experience of presence.

As therapists work to bring their full selves into each moment of interaction with clients, they lay the groundwork for a positive therapeutic relationship by creating an environment of safety. Geller and Porges (2014) propose that when a therapist conveys presence through warm facial expressions and voice inflection, the client’s ANS is able to detect safety thus activating the social engagement system and inhibiting defense systems. They suggest that this allows the client to access openness, trust and presence

within themselves, thereby creating a shared bio-behavioral state between therapist and client that fosters deeper therapeutic work.

Geller et al. (2011) support the idea that therapeutic presence is an essential element to building an alliance with the client. They developed a Therapeutic Presence Inventory (TPI) scale to measure perceived therapeutic presence by both the client and the therapist. Unsurprisingly, they found that increased therapeutic presence correlated with a stronger alliance as well as positive session outcome.

Attunement Through Mindfulness

Mindfulness refers to a state of consciousness that involves, “purposefully paying attention to the present moment with an attitude of openness, nonjudgment, and acceptance” (Hick, 2009, p. 4). This idea originated in Buddhist teachings from over 2,500 years ago, and is a core tenant within many contemplative spiritual traditions (Shapiro, Carlson, Astin & Freedman, 2006).

Mindfulness practices refer to a broad scope of practices that support a person in cultivating a state of mindfulness (Hicks, 2009). These practices include formal and informal meditation as well as exercises in which the practitioner focuses sustained attention on the body, breath or sensations while noticing what arises in each moment. In the last twenty-five years mental health services within the United States have given attention to integrating mindfulness practices into existing forms of western therapeutic modalities. As current research attempts to catch up with ancient wisdom, empirical evidence is beginning to suggest that cultivating a state of acceptance and awareness of the self through engaging in mindfulness practices brings about emotional, psychological and physical health, and improves one’s ability to support others in their healing

(Shapiro, et al. 2005; Shapiro, Brown & Beigle, 2006; Brown & Ryan, 2003; Krasner, Epstein, Beckman, Suchman, Chapman, Mooney, & Quill, 2009). This literature also suggests that clinicians in helping professions like social work can use mindfulness practices as a tool for cultivating the skills of attunement and therapeutic presence essential to forming an effective therapeutic alliance. In order to better understand how mindfulness practices can be used to develop therapeutic attunement, one must first understand the core concepts of mindfulness, as well as current research on the subject of mindfulness as a tool to develop clinician attunement.

Core concepts of mindfulness. In essence, mindfulness is about cultivating purposeful consciousness about what is happening in the moment, and accepting whatever is present (Shapiro, et al., 2006; Hick, 2009; Brown & Ryan, 2003). Shapiro, et al. (2006) outline three essential components imbedded within the concept of mindfulness that are helpful in understanding this unique form of mental processing.

Intention is a fundamental aspect of mindfulness. Shapiro, et al. (2006) refers to intention as the inclusion of a personal vision or purpose into one's practice. They argue that western interpretations of mindfulness have diluted this central component. As we cultivate a greater capacity to move through the world with mindfulness, we must be grounded in why we are doing this. The focus of intention can vary from the desire to feel more loving towards ourselves to decreasing stress, to exploring our sense of self. Whatever the intention, it is dynamic, ever-changing and essential to understanding the process of mindfulness.

Attention is the second essential component of mindfulness (Shapiro et al. 2006). The element of attention refers to the process of keeping one's attention on the present

moment as the experience unfolds. Rather than ruminating on the past, thinking about the future or being on autopilot, mindfulness requires the constant pulling back of one's thinking to the existing experience at hand. This act requires us to suspend judgment and interpretation as we notice what is happening both internally and externally in the present moment.

Attitude is the final component of mindfulness as described by Shapiro et al. (2006). Attitude refers to the heart based qualities that we bring to our attention. In other words, it is not enough to attend with "bare awareness" to the present moment. Instead, we must meet whatever feelings, thoughts and sensations are present with attitudes like openness, curiosity, compassion and acceptance. By doing this, practitioners refrain from evaluating thoughts, feelings and sensations, thereby creating space for our inner experience to surface.

When exploring the core concepts of mindfulness, I was struck by the way they mirror key components of therapeutic relationships. When working with clients, the therapist orients herself to the client with the *intention* of helping them alleviate suffering and move towards health. She must focus her attention on the client and remain in the present moment of the client's experience. She must also convey compassion and acceptance so that the client feels welcome to share without fear of judgment.

Generating attunement through mindfulness practice. Theoretical literature proposes that mindfulness practices are an avenue for clinicians to develop the non-verbal skills of empathic attunement and therapeutic presence in their work with clients (Schoore & Schoore 2008; Bruce, et al. 2010; Turner, 2009, Dunn, et al., 2013). A therapeutic paradigm is presented within this literature that suggests that creating a more attuned

relationship to the self enables practitioners to attune more fully to those around us.

Kristeller and Johnson (2005) developed a two-stage model that illustrates the mechanism in which mindfulness promotes attunement and empathy. In the first stage of this model the practitioner uses mindfulness meditation to become aware of, and then disengage from habitual emotional and cognitive patterns. In this process, practitioners loosen their attachment to a self-protective relationship with themselves, thus creating more room to fully experience others. In the second stage of this model, practitioners apply to others the same mindfulness qualities of loving-kindness and acceptance that they have cultivated towards themselves.

Empirical research on the topic of mindfulness as a tool for developing attunement is sparse. Two studies point to the impact that engaging in mindfulness practices has on increasing clinicians' empathy (Krasner et al., 2009, Schomaker, 2015). In a quantitative study by Krasner et al. (2009), seventy primary care physicians participated in an eight-week mindfulness-based stress reduction (MBSR) training followed by a ten-month maintenance phase. This extensive study found that improvements in mindfulness scales were correlated with improvements in empathy. Similarly, Schomaker (2015) found that, in a study of 423 therapists, mindfulness predicted increased levels of compassion.

While empathy is an important aspect of attunement, it does not fully capture the concept. McCollum and Gehart (2010) conducted the most comprehensive study on mindfulness practices and clinical attunement with a group of graduate students attending a Marriage and Family Therapy program. They found that students who participated in mindfulness training reported higher levels of presence in their sessions with clients than

before taking the training. These beginning therapists reported an increase in their ability to be attentive and responsive to their clients. Although they did not use the word “attunement,” they articulated the concept when they reported being better able to “attend to their inner experience” while simultaneously “being aware of what was happening with the client” (p. 350).

Summary and Research Question

The literature suggests that attuned care during infancy and the first few years of life is imperative for the neural development that precipitates people’s ability to effectively respond to stress and self-regulate emotional states. Attunement between child and caregiver is generated in the right brain and relies on body language, prosody of voice, facial expression and eye contact to implicitly communicate safety and thus help regulate the child’s ANS. Just as right-to-right brain communication is essential in the early attachment relationship, so it is in the therapeutic alliance. By tuning in to this implicit communication, practitioners can gain important insights into the internal right-brain worlds of clients, while simultaneously heightening their ability to act with heightened self-awareness in the context of the therapeutic alliance. In order to do this, therapists need to develop their ability to track the somatic experience of both themselves and clients, generate empathy within the therapeutic relationship, cultivate presence and tune into the moment-to-moment changes within the intersubjective field. The literature suggests that, mindfulness practices may be an effective way for therapists to develop these embodied skills, but little research exists on this topic. Therefore, the research question for this study is: How can clinical social work students use mindfulness practices to develop therapeutic attunement?

Method

Your own life tells a story (or a series of stories) that, when narrated well, can deliver to your readers those delicious aha! moments of self and social insight that are all too rare in more conventional forms of research (Nash, 2004, p. 24).

I used a single system design with myself as the sole subject to explore the impact that mindfulness meditation had on my ability to attune to my clients and myself during a six-week period. In addition, I used a qualitative method of analysis reporting called Scholarly Personal Narrative (SPN) to make meaning of my findings. Integrating a single system design with SPN allowed me to provide the reader with a holistic understanding of my experience developing therapeutic attunement through mindfulness practice while also illustrating quantifiable change that happened over the course of the six-week intervention period. By applying a written reflection process that addressed my experience engaging in daily mindfulness practices and therapeutic attunement, I captured the challenges, insights and moments of self-awareness that arose from this process. In order to provide a deeper understanding of how I used SPN and single system design as the methodology of this study, I will now discuss the following aspects of my research: Single system design, SPN, design rational, sampling procedures and ethical considerations, instrumentation, data collection, preparation and ongoing consultation, intervention, data analysis procedures and strengths and limitations of this research design.

Single-system design. Single system design is a quasi-experimental research method that is used in clinical settings to assess change in one subject or case (Monette, Sullivan & Dejong, 2011). By introducing a specific intervention into the therapeutic

process and then measuring changes in the client's condition, this method is useful for showing the impact of particular therapeutic interventions.

In this study, the intervention was a forty-minute meditation practice that I did daily over a six-week period. During these six weeks, I collected both quantitative and qualitative data about the experience of engaging in this meditation practice as well as my experience attuning to clients and myself during individual therapy sessions at my internship. The measures used served as a framework to guide the exploration of my experience of attuning to myself and cultivating presence during mindfulness practices and in client sessions.

SPN. SPN is a qualitative research method that grew out of the research tradition of autoethnography in the 1990s (Hayter-Adams, 2012). Like autoethnography, this method assumes that the unique stories that constitute the human experience hold wisdom that can be intellectually and personally transformative for both ourselves and others (Nash, 2004). Rather than seeking to provide an answer, present a theory or draw a hard conclusion, SPN aims to, “effectively blend stories, interpretation, theory and universalizable themes” (Nash 2014, p.13).

As a postmodern research methodology, SPN rejects the idea of the researcher as distant, objective observer (Nash, 2004). Instead this method asserts that the researcher's story is implicitly embedded within any research method. By explicitly inserting the self into research, SPN redefines scholarship as an important medium for expressing the researcher's authentic voice and unique perspective. Narrative, written in the first person, allows the researcher to give a nuanced and sensory depiction of his or her internal world in relation to a larger social concept. This evocative style of writing seeks to elicit an

emotional response, invite further conversation and illuminate points of connection between the reader and the researcher's experience, thus making the reader an active participant.

While SPN values subjectivity and flexibility, it also contains certain criteria that dictate both the writing process and measures for accountability for the researcher. The following ten guidelines serve as a map for the researcher when embarking on the process of writing a SPN:

1. Establish clear constructs, hooks and questions
2. Move from the particular to the general and back again...often
3. Try to draw larger implications from your personal stories
4. Draw from your vast store of formal background knowledge
5. Always try to tell a good story
6. Show some passion
7. Tell your story in an open-ended way
8. Remember that writing is both a craft and an art
9. Use citations whenever appropriate
10. Love and respect eloquent (i.e., clear) language (Nash, 2005).

Several ethical standards must also be followed in order for a SPN to uphold academic rigor and convey honest information. These include, trustworthiness, honesty, plausibility, situations, interpretive self-consciousness, introspectiveness/self reflection and universality (Nash, 2004).

Design rational. I chose to combine SPN and a single-system design as the method for this study because I believed it would be the most effective way to breathe life into the experience of using mindfulness practices to cultivate therapeutic attunement. Using a single-system design as the basis of this study helped address the impact that mindfulness practices had on my ability to attune to clients and myself. By using a measure that operationalized therapeutic presence, this design enabled me to determine whether or not mindfulness practices produce empirically verifiable results in my ability

to attune to my clients. Adding empirical measures to the process of writing an SPN grounds the narrative expression of my experience in measurable changes thus augmenting the rigor of the research.

The personal and descriptive nature of SPN made it an appropriate method for exploring and conveying my experience using mindfulness to develop therapeutic attunement. In essence, mindfulness practices and therapeutic attunement are both embodied experiences that are most accurately depicted through a method that values emotion and subjective experience. SPN also blurs the lines between research and practice (Nash, 2004). Since literature on the topic of therapeutic attunement and mindfulness suggest that these concepts can only be learned through doing, SPN provides a fitting method to invite readers (especially other social work students) into my lived experience of developing these skills.

Furthermore, the process of creating a SPN mirrors that of practicing therapeutic attunement. Rather than focusing on the linear sequence of problem identification, assessment, intervention and evaluation found in empirically driven research and treatment designs, both SPN and the practice of therapeutic attunement tap into implicit knowledge in the right brain and take an approach of open inquiry. This process demands that the clinician/researcher is not bound to a rigid plan, but rather nimbly responds to the client/subject's internal experience in order to best support healing, deeper understanding and growth.

Furthermore, both SPN and mindfulness practices encompass the objective of generating self-insight and compassion for others (Hick; Nash, 2004). These two objectives dovetail with the emphasis within MSW programs for students to develop self-

awareness while also uplifting the value of Dignity and Worth of a Person found within the National Association of Social Works Code of Ethics (2008).

Sampling Procedures and Ethical Considerations

I was the sole participant of this study. I used myself as a subject in this project, and I was also an instrument of data collection and analysis. As stated earlier, SPN centers the internal experience of the researcher in a process of reflective inquiry with the intention of shedding light on the relationship between the self and a larger social or cultural concept (Nash, 2005). Because of this, my findings section is infused with personal narrative that will attempt to authentically illuminate, synthesize and disseminate my lived experience of using mindfulness techniques to develop therapeutic attunement. Given that this paper will be made available online, I used discretion when choosing what information to include in my personal narrative. In order to minimize risk, data about the clients I work with was not collected nor included in any part of this study. I also refrained from referring to specific clients or any details that would disclose their identities.

Instrumentation

In order to collect qualitative data about my experiences using mindfulness practices to generate therapeutic attunement, I used a series of questions to guide my journaling process. I worked with a mindfulness teacher and LICSW to compile these questions into two instruments called “Reflective Questions on Mindfulness” and “Reflective Questions on Attunement” (see Appendix A and B respectively). The “Reflective Questions on Mindfulness” instrument includes questions that address the three core concepts of mindfulness: intention, attention and attitude. Examples of

questions found within this measure are: “How are you experiencing intention in your mindfulness practice?” and “What are you noticing about your attention in your mindfulness practice?”

The “Reflective Questions on Attunement” instrument served as a template to reflect on my experience of therapeutic attunement by posing broad questions that prompted me to explore my somatic, emotional and cognitive experiences during individual therapy sessions with my clients. Examples of questions found in this instrument are “How did you experience presence during the session?” and “What did you notice in your body during the session?”

Deepening one’s ability to be present to the moment-to-moment shifts in both internal and external perceptions is a core tenant of both a mindful state of awareness and therapeutic attunement (Siegel, 2010, Geller & Porges, 2014; Geller, Greenberg & Watson, 2010; Colosimo & Pos, 2015, Hick, 2009). Using the Therapeutic Presence Inventory-Therapist (TPTI-T) in this study enabled me to track changes in my ability to be present during individual psychotherapy sessions with my clients. The TPTI-T is a twenty-one-item questionnaire that measures therapists’ perceptions of their own therapeutic presence. For the purpose of this study, I created four scales. The first scale, entitled “Immersed in the Moment,” measured the ability of the therapist to be present to the moment-to-moment interactions during the session. This scale was operationalized with five items including, “There were moments when I was so immersed with my client’s experience that I lost a sense of time and space” (7) and “I was fully in the moment in this session”(12). The second scale, entitled “Empathic Connection” measured the therapist’s ability to experience empathic connection with the client. This scale was

operationalized with six items including, “I felt distant or disconnected from my client” (9) and “I felt in synchronicity with my client in such a way that allowed me to sense what he/she was experiencing” (19). The third scale, entitled “Internal Awareness,” measured the ability of the therapist to track their internal experience during the session. This scale was operationalized with four items including, “I was aware of my own internal flow of experience” (1) and “I felt fully immersed with my client’s experience and yet still centered within myself” (17). The fourth scale, “Curious, Focused Attention,” measured the therapist’s ability to remain alert, non-judgmental and engaged in the session. This scale was operationalized with six items including, “I found it difficult to listen to my client” (3) and “I felt genuinely interested in my client’s experience” (20).

For each item in the TPI-T, I chose a response along a seven point Likert scale, with response options ranging from 1 (not at all) to 5 (moderately) to 7 (completely). This measure is shown to have good reliability, face validity and construct validity (Geller, 2013).

Data Collection

I was the subject of data collection for this research project. I used two field journals to collect qualitative data on my experiences with meditation and its impact on my development of therapeutic attunement over a six-week intervention period. In journal A, I documented and reflected on my moment-to-moment experience with mindfulness meditation using the “Reflective Questions on Mindfulness.” I collected data using this instrument 33 days out of the 42-day period of data collection.

I used journal B to reflect on my experience attuning to my clients, the intersubjective field, and myself during individual psychotherapy sessions with adults at my clinical field placement. I used the “Reflective Questions on Attunement” measure to guide this process. I collected data using this instrument following each session with a client over the span of the six-week data collection period. During this time span I conducted 24 individual sessions with six different clients.

In addition to collecting qualitative data through the aforementioned journaling process, I also used the TPI-T as a tool to collect quantitative data related to therapist presence. Over the six-week duration of this study, I completed the questionnaire following every session with a client. This resulted in a total of 24 questionnaires that I used for data analysis.

Preparation and On-going Consultation

In preparation for this study, I did an extensive investigation into the existing literature on the topics of attunement and mindfulness. This process was inherently left-brain driven as it consisted of systematically searching databases, reading articles, extracting themes and creating a literature review that was academically rigorous in both content and form. As the literature suggests, attunement and mindfulness practices are both embodied experiences that require the conscious engagement of right-brain functions (Schoore, 2014). Therefore, in order to integrate the concepts of mindfulness and attunement into both my left and right brain, I participated in the following experiential workshop as well as receive individual consultation.

Attunement workshop. On November 12th, 2015 I attended a daylong workshop entitled *Acts of Recognition: Embedded Relational Mindfulness & the Dyadic*

Repair of Trauma & Attachment. Pat Ogden, an expert in the field of interpersonal neurobiology and founder of sensorimotor psychotherapy, taught this workshop.

In her presentation, Ogden suggested that mindfulness practices have the capacity to shift our relationship with ourselves to that we can open up new pathways for processing information. She defined embedded relational mindfulness as a receptive state of consciousness that is, “integrated with and embedded within what transpires moment-to-moment between therapist and patient” (Ogden, 2015 workshop materials) Within the modality of sensorimotor psychotherapy, the therapist uses embedded relational mindfulness to explore with the client the present experience that emerges in response to a specific stimuli such as verbalizing a memory or enacting a specific movement or posture. By supporting the client in exploring their inner body sensation, slight changes in body movement, five sense perception, emotion and cognition, embedded relational mindfulness shifts attention away from the story or narrative and instead helps to, “evoke the patients experience of attachment failures and recognizes parts of the patient that need to be recognizes” (Ogden, 2015 workshop materials).

Participating in this workshop enhanced my developing understanding of attunement and mindful awareness in that I gained specific tools such as mindfulness directives and questions, and techniques for tracking present experience. Though taught with the intention of using these skills to hone the client’s awareness to their present experience, I intend to draw upon these when tracking my own experience when engaging in mindfulness practices and during client sessions.

Individual consultation on mindfulness and attunement. In order to develop my mindfulness practice over the six-week intervention period, I consulted weekly with

an experienced practitioner and teacher of mindfulness. During these fifty-minute consultation sessions I received guidance around developing my meditation practices. This was also an opportunity to share, receive feedback about and process, challenges and insights that arose as I integrated the meditation practice into my life and developed my ability to attune to clients. We also spent a portion of each meeting meditating together.

Intervention

A set of mindfulness meditation practices was the intervention for this study. During the six-week intervention period of this study, I began each day with two guided sitting meditations entitled “Sensing, Looking and Listening” and “Kath Meditation.” I used Hameed Ali’s audio recordings found on his DVD, *Body of Being*, to guide my meditation practice. Combined these meditations are forty minutes in length. Halfway through the intervention period, I began meditating without the recordings, as recommended by my mindfulness teacher. Instead, I used a timer that went off every ten minutes in order to keep me oriented to where I was in my practice.

The “Sensing, Looking and Listening” meditation is practice in which the practitioner systematically and intentionally moves attention through the body, starting with the right foot, moving up the leg and torso and then down the left side of the body. In this process, the practitioner tracks the sensations in each part of the body, noticing and accepting whatever is present.

The “Kath Meditation” is a concentration practice in which the practitioner sits with eyes closed, hands clasped in a containment mudra in the lap and tongue on the roof of the mouth. The practice begins with focusing attention of the breath in the belly. The

practitioner then brings attention to the Kath center, an energetic point in the belly that is about three fingers bellow the navel and two fingers deep. The practitioner feels the sensation that is present in this center as they continue to breathe deeply into the Kath center. When thoughts and distractions arise, the practitioner brings their attention back to the Kath center.

Renowned spiritual teacher, A. Hameed Ali developed both of these meditations. Hameed Ali is a respected author and founder of the Diamond Approach, a spiritual path that integrates ancient Eastern spiritual teachings with modern psychological theories. This modern spiritual practice “involves open inquiry into one’s experience through traditional meditation and other methods along with psychological exploration” (Hameed Ali, 2012).

Making Sense of the Data

Data analysis consisted of two distinct parts: analyzing the quantitative data gathered in the TPI-T and analyzing the qualitative data gathered in my field journals.

Quantitative analysis. To begin the quantitative data analysis process, I first entered all of the data from the TPI-T questionnaires into an Excel spreadsheet. I entered the data in chronological order and ascribed a letter to each questionnaire in order to correlate TPI-Ts to sessions with specific clients. Next, I determined the scale scores for each TPI-T, as well as the measures of central tendencies and dispersion for each scale. Next, I used a color-coding system to identify scale scores that were one or more standard deviations away from the mean. This allowed me to note scores that stood out as notably high or low. I used these findings to identify trends across time and patterns between notably high or low scores and particular clients.

Qualitative analysis. I used grounded theory to analyze the qualitative data from both field journals and identify themes. I used an inductive coding technique that is often used to analyze qualitative data (Padgett, 2008). I first read through both field journals (A and B) in one sitting, without taking notes. As the instrument of data analysis for this project, reading through the data in its entirety prior to analyzing it, helped me internalize the whole of it. Next, I categorized data from both journals by the separate questions found in the two measures in appendices A and B. This enabled me to read through all the responses to each question in sequence, thus allowing me to note any overall trends in my responses. I then created a table with two columns in order to compare my experience with meditating to my experience with attunement. On the left hand side, I included the entries from field journal B about my experience with attunement in chronological order. On the right hand side, I included the entries from field journal A about my meditation practice from the correlating day. This enabled me to read through the data to document any similarities or differences between my ability to be present during my meditation practice and my ability to attune to clients. Lastly, I organized the entries from field journal B by client so that I could read through and document how my reflections and experience with attunement differed between clients and evolved over time.

After reading through the data in the above-mentioned configurations and documenting broad trends, I used an open coding process to summarize each sentence of my original entries from both field journals. Throughout this process, I wrote theoretical notes in order to track key ideas. Next, I identified several content themes present in the data. By applying “constant comparison,” I identified similarities and differences among these themes. After identifying several themes, I created three documents that

summarized these findings (see Appendices D, E and F). The first of these documents, entitled “Themes from Meditation Journal,” synthesizes the main themes that arose when analyzing the data from my field journal A. It also identifies several overall trends that help illustrate how my meditation practice evolved. The second document, “Themes from Attunement Journal,” captures themes that I found in the data from my field journal B. This document also includes patterns, observations and trends that arose when looking at the arc of the journal entries as they span the six weeks. The final document, “Bridging the Data,” captures themes that arose when looking at the data from each journal side by side. Finally, I used these three documents as a base from which to write both the narrative vignettes and the new understandings found in the following two sections (see Appendices D, E and F).

Demonstrating rigor. I took several measures during the data analysis process to increase the rigor of this research. I worked diligently to approach the data analysis process with the same three aspects of mindfulness as defined Kabat-Zinn (2005): paying attention on purpose, staying in the present moment, and maintaining a nonjudgmental stance. In order to hone my ability to interact with the data using this focused intention and attention, I practiced a ten-minute meditation before analyzing the data. Connecting to myself and cultivating an attitude of curiosity through this practice helped me let go of preconceptions about what I thought I might find in the data. It also helped me remain present in the experience of data analysis rather than jumping to conclusions about the meaning of what I was finding along the way. Given that I was both the subject of data collection and the instrument of data analysis in this study, using this practice was essential for maintaining openness investigator responsiveness.

In addition, the process of deliberately organizing the data in several formations enabled me to approach the data analysis from different perspectives. Investigating the data by chronological order, by question, by client and across instruments helped me maintain an active, analytic stance. It also allowed for a more nuanced interpretation as different trends, patterns, congruencies and incongruences arose depending on way the data was organized.

Strengths and Limitations

The method of combining SPN with a single-system design is a very unique approach that engenders several strengths and limitations. The process of collecting and analyzing various kinds of data for the single system design and writing this SPN was a transformative experience for me as a researcher and as a social worker. It enabled me to give the reader an intimate window into my own experience as a subject while also providing me with experience analyzing quantitative and qualitative data and learning the SPN method.

A particular strength of this research design is the triangulation of data collection that results from using both quantitative and qualitative methods. Gathering both qualitative and quantitative data using two vastly different instruments and approaches strengthens the rigor of this project. Patton (1990) and others suggest that the triangulation of quantitative and qualitative data and methods strengthens the validity and reliability of the findings.

A strength of SPN as an additional method is that it provides the researcher with a “truth criteria” that augments its credibility. This “truth criteria” as outlined by Nash includes, “trustworthiness, honesty, plausibility, situatedness, interpretive self-

consciousness, introspectiveness/self-reflection, and universalizability” (Nash, 2004, p.

5). I used this criteria as a compass throughout the data analysis process in order to hold myself accountable to reporting my findings with honesty and integrity. Using these criteria during data analysis and consulting with an experienced therapist who is an expert in the field of mindfulness and therapeutic attunement, therefore enhanced the validity of these findings.

Using a quantitative measure that has good reliability, face validity and construct validity (in this case the TPI-T) helped me track my ability to be present with clients while also noting whether or not mindfulness meditation had an impact on the development of attunement.

This research design also has several limitations that are important to note as well. Both SPN and the single system design are limited in that they focus solely on one subject’s experience. Because of this, my findings are limited in terms of their generalizability to other subjects. Because I was the researcher and participant of this study, many would claim that mixing these roles makes it impossible to maintain any objectivity as the researcher. Similar objections have been raised by positivist researchers about qualitative research in general. Nevertheless by adhering to disciplined, systematic procedures used by qualitative researchers and strengthening the rigor by using multiple methods of data collection, has produced useful and trustworthy findings useful for practitioners interested in this topic. My hope is to inspire other graduate students to consider using methods like these to do research focused on the development of their practice.

Research Lenses

Patton (1990) suggests that the researcher is the instrument of data collection in qualitative research. Therefore, qualitative researchers must illustrate their competence as honest, adaptive and reflective vehicles for data collection by presenting relevant information about the theoretical, professional and personal lenses that inform their research process. The use of SPN and a simple single system design expands the importance of this practice, as I was not only the instrument of data collection, but also the subject and the instrument of data analysis.

By articulating the following perspectives, I hope to give the reader a contextual foundation through which to assess my research while also generating trust in my ability to engage with the content and process with honesty and diligence. I will begin by illuminating several theoretical perspectives that frame my understanding of human development and behavior, guide my approach to clinical social work and support the use of SPN as a method. I will then go on to reveal the professional lenses that shape my interaction with this research. Lastly, I will share with the reader information about my identity and experience that influence my approach to this project.

Theoretical lens. Relational theory encompasses the importance of early attachment experiences, and goes on to propose that personality is constantly constructed through ongoing interactions with people in our social environments (Walsh, 2011). In the words of Walsh (2011), “It is assumed that all patterns of human behavior are learned in the give-and-take of relational life and thus they are all adaptive” (p. 137). This theoretical perspective emphasizes the importance of using the relationship between clinician and client to shift emotional, cognitive and behavioral patterns. It suggests that

mutuality and empathy in the therapeutic relationship are key aspects of healing. This theoretical lens grounds this study in an understanding of why research on the topic of therapeutic attunement has direct clinical relevance for social work students.

In addition, feminist standpoint theory helped shape the way I conducted my research. In congruence with the constructivist philosophy of SPN, feminist standpoint theory proposes that research should emerge out of the lived experience of individuals and challenges the concept of the researcher as a distant, objective expert (Robbins, Chatterjee & Canda, 2011). In addition, this theory values empathy and emotion as critical tools for both engaging participants and guiding the process.

Professional lens. I bring to this project several professional experiences that made me a credible subject for this research as well as a trustworthy instrument for analyzing its data. My experience working with adolescents in my foundational level field placement gave me valuable insight into the ways that early relational trauma influence a person's ability to self-regulate. When working with these young people, I discovered that the more grounded and regulated I was, the better they responded to me. This experience enhanced my credibility as the instrument of data collection as it provided me with the foundational skills of simultaneously tracking a person's level of dysregulation while attuning to my internal state.

To uphold the values of "trustworthiness," "honesty" and "vulnerability" embedded within the method of SPN, the researcher must demonstrate self-awareness (Nash, 2004). As a second year student in a Masters in Social Work program, I have been challenged throughout my studies to make explicit the deep beliefs I hold about others and myself. Exploring these personal values and areas of bias through written reflection,

group discussion and supervision has deepened my ability to act with self-awareness and honesty. This, combined with years of personal growth work and therapy, gives me a solid knowing of myself that enabled me to engage in this research with integrity. Bringing self-awareness into my role as a subject and instrument of data collection and analysis also enhanced the validity of my findings in that I was transparent and reflective about by experience in these different roles.

Personal lens. In addition to theoretical and professional lenses, I brought a unique personal orientation to this research. In order to build in transparency about the personal lenses through which I collected and interpreted data, I will now share a little about who I am and how I come into this project. I am a queer, Jewish, White woman in my early thirties. I grew up in an upper class family in rural New England. I am in my final year of the Master of Social Work program at the University of St. Thomas and St. Catherine University and I plan to use my education to do therapy with children and adults.

My interest in this project stems from a growing awareness that the people I seek out when I am in need of support (be them teachers, friends, therapists or health practitioners), are the ones who are able to be present and “tuned-in” to me. This realization naturally led me to ask: How do I “tune-in” or attune to others? What does this look like in my clinical practice? How can it be learned? I am also curious about how to expand the sense of self-acceptance, curiosity that I am sometimes able to tap into through mindfulness practices. I hypothesize that learning to attune to myself through mindfulness practice will enable me to attune more accurately to others.

Upon entering into this project, I brought two years of experiences with mindfulness practice that enhanced my credibility as the subject and instrument of data collection and design. For the past two years I have studied mindfulness practice as part of a women's spirituality group that is led by two mindfulness practitioners. In addition, I recently took a six-week class on "inquiry," a practice that involves tuning into one's cognitive, emotional and body based experience in reaction to a specific question or topic. Through these experiences I have developed my ability to tune into and track sensations in my body, emotions and thoughts with an attitude of curiosity. Last year, I committed to a daily grounding practice as well as a weekly yoga class. I have also participated in various group meditation and mindfulness visualization practices. The basis of experiential knowledge about mindfulness that I bring to this study enhanced my trustworthiness as a mindfulness practitioner.

Lastly, through my experience as a songwriter I have gained skills of translating the world around me into personal narrative. As a result, I bring to this study a creative writing practice that bolstered my ability to engage in the process of writing an SPN with vulnerability and honesty.

Findings

What follows is three-part presentation of the findings from this study. The first section, entitled “Internal Archetypes,” describes four states of being that emerged out of the qualitative data analysis and either inhibited or facilitated my ability to be present in my meditation and clinical practice. In the next section, “Four States of Attention,” I present qualitative findings that illustrate four states of attention that comprised my experience of meditation and also arose in my work with clients. In the final section, “Quantitative Change,” I present the quantitative findings from the TPI-T.

Internal Archetypes

When analyzing the qualitative data from my meditation field journal, I discovered four internal states of being that either inhibited or facilitated my ability to be present with myself during meditation and when working with clients. I present these internal states as four archetypal figures, The Critic, The Rebel, The Compassionate One and The Witness. By personifying these qualities, I hope to give the reader a felt sense of what it was like to interact with these parts of myself while illustrating their impact on my experience of attunement. Below is a description of each archetype followed by a narrative story that illustrates how these four states of being interacted with one another throughout the course of a therapy session. Three more narrative pieces can be found in Appendix G.

The Critic. The Critic was an internal voice of self-judgment. In my meditation practice, The Critic often arose when I caught myself immersed in distracting thoughts. In these moments, The Critic would respond with disparaging messages, questioning my ability to be “successful” in my practice. This evaluative and conditional voice was also a

common visitor in my clinical practice. When working with clients The Critic arose in moments when I perceived I had made a misstep in the session. This included moments in which I felt I responded in an unhelpful manner, misread what a client was trying to express, caught myself in a distracted state or felt stuck and unsure of what to do next in the session. In these instances, The Critic would respond with condemnatory remarks about my capability as a clinician.

In both my meditation and clinical practice, the arrival of The Critic pulled me farther away from a state of presence. Once The Critic had infused my experience with discouraging messages, my thoughts and attention would quickly shift to self-doubt. This would further distract, thus becoming a self-fulfilling prophecy for the voice that questioned my ability to stay present. This negative feedback loop was challenging to intercept.

The Rebel. The Rebel was an archetype that embodies the quality of resistant indifference. In my meditation practice, The Rebel would often arise in the wake of The Critic or in times when I felt particularly restless. In these moments, The Rebel would question the importance of my practice and make justifications for why I should end it early. When I would catch myself distracted by thoughts of the future, The Rebel would thwart my efforts to refocus my attention by encouraging me to indulge in my thoughts. In my clinical practice, The Rebel arrived in moments when I felt anger, frustration or impatience towards a client. In these moments, The Rebel would abdicate my responsibility instead placing blame on the client for whatever roadblock we were encountering.

When The Rebel entered into my meditation or clinical practice, I often abandoned my intention to be present and instead became willingly disengaged and checked out. In both experiences, The Rebel elicited a feeling of “watching the clock,” going through the motions, and biding my time until my practice or the session with the client was over. In some instances I was able to bring myself back from this stance of disengagement while other times I surrendered to it.

The Witness. The Witness was my experience of self-observation. The Witness had the capacity to keenly observe my affective, somatic and cognitive experience during my meditation and clinical practice. With an attitude of acceptance and curiosity, this archetype noticed whatever I was experiencing without ascribing value or judgment to it. In the beginning of this study, The Witness did not automatically arise. Instead, this was an internal state that I learned to cultivate through working with my mindfulness teacher and through a conscious practice of noticing my internal experience without trying to change it.

As the study progressed I became more adept at calling upon The Witness during both my meditation and clinical practice. When I was able to access this quality of self-observation, I was better able to interrupt cycles of self-judgment and resistance, enabling me to reenter my attention and drop into a state of deeper presence. In addition, externalizing the qualities of non-judgmental observation to my interactions with clients served as a tool for tuning into whatever state they were in without trying to fix or change them.

The Compassionate One. The Compassionate One was a voice of love and kindheartedness. This archetype approached distress with gentle, empathic attention. Like

The Witness, The Compassionate One was a presence that I developed through my meditation practice and consciously called upon when I noticed The Critic or The Rebel take over. In these moments, The Compassionate One helped me connect with a sense of love and appreciation for myself. This quality disarmed The Critic and The Rebel thus enabling me to return to a calm state of presence.

Much like my relationship with The Witness, I found that I was able to reflect the qualities of The Compassionate One outwards in clinical practice as this archetype helped me generate appreciation for the essential worth of my clients while meeting their struggles with care. This was especially useful for regaining an empathic stance when experiencing frustration and impatience with clients.

The arrival of the four archetypes in a therapy session.

She looks across at me with a dull gaze, her hands folded, her mouth set in a rigid line. "I feel hopeless," she sputters in an accusatory tone. The last word crowds the room with its weight, making the walls close in and the air thicken, and I wonder how such an empty feeling can take up so much space. "I've been doing this therapy with you for a while now," she reminds me, and her gaze finds the floor as she expresses her growing skepticism in my ability to help her chip away at the depression that has calcified around her life.

Despite having worked together for the past three months, the thread that connects us feels fragile, and as she pushes me away I am in as much doubt as she is of its ability to withstand the tension. The Witness arrives, noticing the tightness in my chest and her intense anger. I take a few deep breaths and focus my attention on the sensation of my feet pressing into the floor. The tide of anxiety within my chest recedes just a little. I lean towards her, "I hear that you're angry." She leans away and crosses her arms. This dance continues and I feel the thread of our relationship fray with each tug.

Twenty minutes in, I'm grasping, exhausting my methods 101 rolodex: "validate client's anger", "gently challenge black and white thinking", "empathize with client's pain", "don't collude with hopelessness." Maybe if I can construct a few perfect sentences, she will regain confidence in my ability as a therapist. Soon The Critic is whispering in my ear: "She's right, Kestrel. Who are you, so young and inexperienced, to think you have anything to offer?" I check the time and The Rebel appears, "Why is she being so difficult, just nod and pretend like you're listening." Tightness creeps into my chest and my heart beats faster. The Witness notices my racing heart and I force myself to expand my lungs, drawing in a deep, slow breath, as if filling my entire torso with air. "You are doing your best," Compassion reminds me, and my shoulders relax.

I turn my attention back to her, bringing with it Compassion's gentleness and care. "I can tell you are in so much pain right now." We sit together for the remainder of the session. At times The Judge returns, buoying my self-doubt and often followed by the impatience of The Rebel brings. In these moments I struggle to stay with her. Other moments I am able to zoom out and witness the waves of emotion with acceptance and curiosity.

For more narrative examples, see Appendix G

Four States of Attention

When analyzing qualitative data from my meditation journal, I disseminated four states of attention that comprised my experience of meditation and also appeared in my work with clients. These different levels of consciousness fell upon a spectrum of experience that spanned from being completely present to being entirely checked out of the moment. I will now describe the qualities of each state and how they manifested over the course of the six week intervention period.

In the clouds. This was a state of attention in which I felt detached from my internal experience. Similar to daydreaming, when *in the clouds* during my practice, my mind felt fuzzy and I often felt as though I was floating. In addition, I struggled to access sensation in my body.

I experienced the state of being *in the clouds* sporadically throughout the six week intervention period. During my meditation practice, I often entered this state when I didn't get enough sleep the night before. When working with clients, I entered this state of consciousness when I was feeling bored, tired or disconnected from the client.

Minding the future. In this state of attention, I experienced an inundation of persistent, acute and scattered thoughts about the future that were usually accompanied

by a feeling of agitated restlessness. In this state of awareness, I often would become consumed with planning for the future.

Both in my meditation and clinical practice I entered *minding the future* during times when I felt burdened by external life stressors such as school assignments, interpersonal conflicts and increased work responsibilities. During the first half of the intention period, when I was on winter break, I experienced this state of attention only occasionally. Once classes resumed, *minding the future* became a frequent and consuming state of attention.

The space between. This state of attention was the borderland between *minding the future* and *embodied presence*. In this relaxed state, my thoughts were generalized, dull and slow moving while my attention hovered just above *embodied presence*. When experiencing *the space between*, I would dip in and out of awareness of my body sensations and emotional states.

During times when I did not have external life stressors to contend with, the *space between* was the state of awareness that defined both my meditation and clinical practice.

Embodied presence. This was a deep, settled state of consciousness in which my thoughts were quiet and my attention was focused on the moment. When accessing embodied presence, I was aware of a felt sense of loving energy residing in my belly center while simultaneously feeling connected to my entire body and breath. In this state, I would often lose track of time.

Accessing embodied presence was a rare and lovely experience. During my meditation practice I was able to dip down from *the space between* into *embodied presence* on days when I was not consumed with *minding the future*. I would stay in this

state for short periods of time before a thought or emotion would capture my attention, pulling my awareness into *the space between*. In my clinical practice I found myself accessing this state when clients expressed sad affect or shared vulnerable material with me.

Quantitative Outcomes

The quantitative data are twenty-four TPI-T questionnaires completed after meeting with six different clients over a six-week period. This data shows several interesting trends including an increase in three out of the four scale scores over the duration of the study and correlations between specific clients and high and low scores.

The TPI-T has four scales and my summary data for each is as follows:

- Immersed in the Moment: range: 5 – 35; mean 24.63, median 25.50 and standard deviation of 5.33.
- Empathic Connection: range: 6 – 42; mean 29, median 29 and standard deviation of 6.39.
- Internal Awareness: range: 4 – 28; mean 17.42, median 17.50 and standard deviation of 4.13.
- Curious, Focused Attention: range: 6 – 42; mean 33.92, median 34.5 and a standard deviation of 5.63.

Changes over time. When looking at the changes in my scores over time I found that, as time went on, I scored higher on all of the scales except for the “Curious, Focused Attention” scale. Tables 1 and 2 present scale scores that are at least one standard deviation above or below the mean. These tables show changes in notably high and low scores in the first half of the study compared to the last half.

Table 1. Changes in Notably Low Scores over Time

Scale	Notably low scores in first half of study	Notably low scores in second half of study
Immersed in Moment	2	1
Empathic Connection	3	2
Internal Awareness	4	2
Curious Attention	1	3

Table 2. Changes in Notably High Scores over Time

Scale	Notably high scores in first half of study	Notably high scores in second half of study
Immersed in Moment	1	4
Empathic Connection	0	4
Internal Awareness	2	4
Curious Attention	0	3

Data in Tables 1 and 2 shows I had more notably low scores (at least one standard deviation away from the mean) on all of the scales except for the “Curious, Focused Attention” in the first half of the study compared to the second half. Conversely, I had more notably high scores on all of the scales on the second half of the study than I did in the first half. On the “Immersed in the Moment” scale I had two notably low scores and one notably high score in the first half. In the second half I had one notably low score and one four high scores. On the “Empathic Connection” scale, I had three notably low scores and no notably high scores in the first half of the study and two notably low scores and four notably high scores in the second half. On the “Internal Awareness” scale I had four

low scores and two high scores in the first half and two low scores and four high scores in the second half. On the “Curious Attention” scale I had one low score in the first half and three low and three high scores in the second half. These findings suggest that my ability to remain immersed in the moment with my clients, to form an empathic connection and to track my internal experience during therapy sessions improved with time.

Interestingly, this trend did not generalize to my ability to attend to my clients with curious and focused attention. Instead, scores for this scale are variable throughout the course of the study with the latter half showing a prevalence of more extreme high and low scores. This may be attributed to fact that, during the second half of the study I experienced increase life stressors while simultaneously developing tools for cultivating curious and focused attention through my meditation practice.

Outcomes with clients. Another pattern I found when analyzing the results from the TPI-T, was a correlation between notably high and low scores and my work with particular clients. Table 3 presents the notably high and low scores for each client.

Table 3. Notably High and Low Scale Scores for Each Client

Client	High Scores	Low Scores
A	5	1
B	5	4
C	7	3
D	0	2
E	0	9
F	3	0

As illustrated by Table 3, I had significantly low scores with client E across all scales. It is important to note that, as time went on, I began to score closer to the mean scores with this client with my last session showing scores that were slightly lower than the mean score on all scales except “Internal Awareness” that was slightly higher. These findings contrasted with my scores for client A and C, each of whom were consistently high across all the scales. Interesting to note, two of the low scores for A and C were from “Curious, Focused Attention” scale from the same day. This suggests this score might have been impacted by an external factor that influenced my overall ability to focus. It also implies that I had an easier time being present with some clients and a more difficult time with others.

Another interesting finding is that the five low scores for B were only found on two of the scales (three low scores on “Empathic Connection” and two on “Internal Awareness”) and all but one low score was from the first half of the study. Interestingly, the four of the high scores spanned all of the scales and were from one session towards the end of the study. This suggests that I originally struggled to form an empathic connection with this client and to track my internal experience during the session. As time went on though, my ability to do both these things increased. It also intimates that there was something special about the latter session with the high scores that enhanced my ability to be present. I did not identify any trends with the data from F and D.

Discussion

In the following section I will discuss my findings and the implications of this research on clinical practice, social work education and future research. In the first section, I will explore three themes that arose in my findings by connecting quantitative and qualitative findings with current literature on the topics of attunement and mindfulness. Next, I will discuss the implications of this research on broader clinical social work practice and education programs. Finally, I will suggest areas of further research.

Finding Meaning

In the following section, I tie together various findings in order to answer the question, “what does this all mean?” It is my hope that exploring the interplay between diverse quantitative and qualitative findings and drawing connections to current literature will give meaning to this research. The themes are presented as follows: embodied presence as a tool for self-regulation, cultivating love for self and client and generating relational mindfulness.

Embodied presence as a tool for self-regulation. Consistent with the literature that suggests meditation enhances clinicians’ presence (McCollum and Gehart, 2010), the findings from this study show a positive correlation between the ongoing development of my meditation practice and my ability to be present with clients. This is reflected in overall increased scores on the TPI-T as well as my qualitative findings.

I attribute increased presence with clients to my growing ability to translate the experience of embodied presence from my meditation practice into the room with clients. When working with clients that were dysregulated, I used the felt sense of presence as an

anchor to help “ground myself” thus regulating my autonomic nervous system. As supported by Geller and Porges (2014), the findings that meditation improved my ability to self-regulate with clients suggest that meditation may also have enhanced my ability to create a safe environment for my clients.

Interestingly, my ability to cultivate presence with clients did not seem to be effected by the finding that my capacity to access a state of embodied presence in my meditation practice varied greatly depending on external factors. Instead it seems that, regardless of whatever experience I had on a given day, the cumulative impact of meditating served as an exercise for strengthening the muscle memory of embodied presence that I subsequently accessed in my work with clients.

Cultivating love for self and client. Cultivating an attitude of self-compassion during meditation was an evolving process and one that was positively correlated with increased empathy in my relationships with clients. This is illustrated by the increased score in the TPI-T “Empathic Connection” scale and is also consistent with findings by Krasner et al. (2009) and Schomaker (2015).

Interestingly, making contact with a felt sense of love and compassion was a bidirectional process between my meditation practice and my work with clients. This is to say that, when I struggled to access a state of presence during my kath meditation, I would often evoke the felt sense of love and compassion that I experienced with clients and direct it inward to myself. Conversely, in moments when I felt disconnected, bored or dismissive with a client, returning to this felt sensation of love and compassion that I experienced in my meditation helped me return to an empathic stance thus maintaining positive regard for my client.

Generating relational mindfulness. My findings suggest a positive correlation between the development of my meditation practice over time and my ability to assume a witnessing stance and cultivate an attitude of curiosity in my work with clients. This finding is supported by Ogden's claim that mindfulness practices help therapists develop a receptive state of consciousness in their clinical practice (Ogden, 2015). Approaching my internal state during meditation from a witnessing stance with an attitude of curiosity helped me sit with uncomfortable emotional, somatic and cognitive experiences while simultaneously interrupting cycles of self-judgment. Translating this practice into my work with clients created a platform of inquiry in which I was better able to observe the client, the therapeutic process and my internal experience with spaciousness, flexibility and acceptance.

Implications for Practice: Developing Self-awareness and Shifting Habitual Ways of Being

While my experience engaging in daily meditation was unique to me, my findings hold exciting implications for broader social work practice. In congruence with Kristeller and Johnson's (2005) model, my findings suggest that engaging in ongoing, daily meditation may be a way for clinicians to identify and shift habitual cognitive, emotional and relational ways of being that inhibit their ability to attune to clients. What is more, given the parallel relationship between client and clinician, and clinician and supervisor, I believe this model would be equally effective in helping seasoned social workers develop greater self-awareness and attunement in their role as supervisors.

Research by McCollum and Gehart (2010) supports my finding that developing a meditation practice was positively correlated to my ability to track my internal experience

as demonstrated by increased scores on the “Internal Awareness” scale over the course of the study. This suggests that meditation may be a tool to help clinicians’ develop self-awareness by making explicit the implicit right brain emotional, relational and body-based states that usually lie beneath the folds of consciousness.

Translating this sharpened awareness into clinical practice then holds the potential for clinicians to identify countertransference elicited by triggering, implicit relational dynamics within the alliance between clinician and client or supervisor and supervisee. Research by Marks-Tarlow (2014) and Frieze (2012) supports my findings that enhancing the clinician's ability to track their own internal experience helps them approach the therapeutic relationship from a non-reactive stance. As clinicians gain self-awareness of their own countertransference, they develop greater agency in how they interact with these emotional responses.

Implications for Social Work Education

This study holds important implications for social work education programs. My findings suggest that incorporating meditation practices and reflective writing exercises into traditional academic curriculum may be a way to teach social work students how to *be* with clients regardless of the theoretical model they are working within. As social work students begin their clinical practice, learning how to convey openness, non-judgment and presence not only through what they do and say, but also with how they *are* is crucial to conveying a felt sense of safety and thus setting the stage for effective therapy. Therefore, incorporating meditation practice into training programs may be a way to support students in developing the internal capacity to approach their work with clients with an authentic and embodied quality of presence, curiosity and acceptance. It is

important to note that students should receive adequate ongoing guidance by experienced mindfulness teachers throughout the development of their mindfulness practice.

Implications for Further Research

A great deal of research is needed to better understand the impact of mindfulness practices on therapeutic attunement. Further research should explore the impact that meditation has on students' ability to develop therapeutic attunement by expanding the model of this study to include a broad sample of social work students. I suggest that this study be replicated by more MSW students in the future. This would provide viable data about whether or not meditation is a generalizable and effective tool that could be integrated into social work programs.

Further research on the topic of meditation and attunement should also include measures such as the Therapeutic Presence Inventory-Clients that assess the client's perception of the clinician's ability to attune. This would give increase the reliability of the study while providing valuable information to the clinician about how their internal experience aligns or diverges from how they are perceived.

Conclusion

*Be easy.
Take your time.
You are coming home to yourself*
- Nayyirah Waheed

I entered into this project with a deep desire to expand my ability to attune to clients in my social work practice. What emerged throughout the process of researching existing literature on the topic, participating in the six-week intervention period and synthesizing my findings was a homecoming: a bold message that, in order to attune to others, I must first attune to myself. Through my experience of meditating daily I learned to listen closely to my internal experience: to notice and accept the ways that emotion, thought and sensation live in my body in any given moment. Reflecting on my experience of meditation gave way to deeper awareness about patterns of self-judgment, anxiety and resistance that impede my ability to cultivate presence not only in my meditation practice and my work with clients, but in all facets of my life including many instances throughout my writing process. Simultaneously, my meditation practice acquainted me with a body memory of self-love, presence and a state of witnessing attention. Strengthening my relationship to this embodied state of being provided me with tools for interrupting unhelpful habitual patterns. As I prepare to take my first baby steps in clinical practice, I look forward to bringing this learning with me and continuing the journey of coming home to myself.

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Appendix A
Reflective Questions on Mindfulness

1. How are you experiencing intention in your mindfulness practice?
2. What are you noticing about your attention in your mindfulness practice?
3. What are you noticing about your attitude in your mindfulness practice?
4. How are you experiencing presence in your mindfulness practice?

Appendix B
Reflective Questions on Attunement

1. How did you experience presence during the session?
2. What did you notice in your body during the session?
3. What was your experience of the intersubjective field during the session?
4. How did you experience empathy during the session?

Appendix C
Quantitative Measure

Therapeutic Presence Inventory – Therapist ©

Take a moment to reflect on your internal experience of today's session to answer the following questions. Please rate your **PREDOMINANT** experience during **THIS** session: (circle one)

1. I was aware of my own internal flow of experiencing:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

2. I felt tired or bored:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

3. I found it difficult to listen to my client:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

4. The interaction between my client and I felt flowing and rhythmic:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

5. Time seemed to really drag:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

6. I found it difficult to concentrate:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

7. There were moments when I was so immersed with my client's experience that I lost a sense of time and space:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

8. I was able to put aside my own demands and worries to be with my client:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

9. I felt distant or disconnected from my client:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

10. I felt a sense of deep appreciation and respect for my client as a person:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

11. I felt alert and attuned to the nuances and subtleties of my client's experience:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

12. I was fully in the moment in this session:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

13. I felt impatient or critical:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

14. My responses were guided by the feelings, words, images, or intuitions that emerged in me from my experience of being with my client:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

15. I couldn't wait for the session to be over:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

16. There were moments when my outward response to my client was different from the way I felt inside:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

17. I felt fully immersed with my client's experience and yet still centered within myself:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

18. My thoughts sometimes drifted away from what was happening in the moment:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

19. I felt in synchronicity with my client in such a way that allowed me to sense what he/she was experiencing:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

20. I felt genuinely interested in my client's experience:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

21. I felt a distance or emotional barrier between my client and myself:

1	2	3	4	5	6	7
Not at all	Very Little	A Little	Moderately	A Lot	Quite A Lot	Completely

Appendix D
Themes from Meditation Journal

Internal archetypes that arose during my practice

The Judge: Constantly evaluates my ability to focus my attention on the meditation and cultivate presence. Becomes critical and disparaging when thoughts begin to wander.

Compassion: reflects self love back to me throughout my practice. Is gentle and patient when I become distracted by thoughts of the future. Provides a compass to return to when I notice the judge taking over.

The Rebel: Dismissive and resentful of my meditation practice. Doubts importance and validity of meditation and finds excuses not to surrender to the experience. Is incredibly good at finding excuses not to meditate or to meditate for shorter amounts of time.

The Witness: Keenly notices my internal experience during my practice without trying to change it. Maintains an attitude of curiosity about emotions, thoughts and sensations that arise while simultaneously refraining from ascribing value to whatever is present. Is also an antidote to The Judge.

Four states of attention:

In the clouds: Zoned out, daydreaming, sleepiness, neither aware of body nor consumed by thoughts. Checked out of my internal experience as though there is a fire wall between my internal world and my attention that inhibits me from being able to bring my attention inward. (A close cousin of hypo arousal/ dissociation)

Minding the future: Persistent, acute and scattered thoughts about the future that are usually accompanied by a feeling of impatience, physical restlessness and a fear that if I don't follow them, I will lose an important idea. In this place, it is easy to get swept down rivers of planning and anticipation. (A close cousin of hyper arousal/ anxiety)

The space between: The borderland between minding the future and embodied presence. In this calm space, thoughts are dull, slow moving and more generalized. They float by, but do not threaten to drag me along with them. From this place I can access awareness of sensations within my body and my attention seems to hover just above a state of embodied presence.

Embodied Presence: This is a deep, settled state of consciousness in which my attention is focused on the moment and I can sense loving energy emanating from my belly center while simultaneously feeling connected to my entire body and my breath. Lose sense of linear time.

Overall trends

- My capacity to witness increased while self-judgment simultaneously decreased.
- As my practice evolved, I became familiar with what it felt like to enter a state of presence. Sometimes I was able to access this state of consciousness early on in my practice. I could then tether my attention to the muscle memory of that experience thus using it as an anchor to come back to when I noticed that my attention had wandered.
- Over the course of the six weeks I went from experiencing intense sadness in my personal life to experiencing renewed energy and hope. Taking time everyday to pay

attention to my internal landscape made me acutely aware of my emotional state. In the beginning, I found I would often cry during my practice. In my journal entries I speak of feeling a heavy weight around my heart and tightness in my shoulders. During this period, I found it easier to focus my attention inward and sink into a state of presence. In the last few weeks of my practice, exciting, romantic love entered my life. What followed, was a dramatic shift in my emotional experience. Suddenly I was filled with jittery, buzzy energy that was accompanied by obsessive thoughts of the future. This made accessing presence much more difficult.

Appendix E
Themes from Attunement Journal

Spectrum of experience of the intersubjective field:

Expansiveness and flexibility		Rigidity and constriction
Strong		Fragile
Trust that isf can hold whatever arises	vs.	Fear that small missteps will irreparably rupture relationship
(Leads to courage to be vulnerable)		(Leads to insecurity and felt pressure)
Easeful flow between us		Disjointed and stagnated interactions
Connected		Barrier between us
Relaxed		Tense
Whole is greater than it's parts		Fragmented

Spectrum of experience of therapeutic presence:

Immersed in moment-to-moment shifts		Distracted by thoughts of future
Time melts away		Time drags, constantly checking clock
Simultaneously connected to my internal experience		Checked out of my emotional
experience and client's affective state		only tracking words of client
Trust process of session	vs.	
Desire to control content and direction of session		Preoccupied about what to say next
Responses come from intuition		Anxious about where session is headed
Curious about where session is headed		Attachment to predetermined plan
Flexible attention		Trying to fix "problem"
Sitting with client's emotion		Worried about how I am being received
Feeling grounded in self		Focused only on words of client
Notice body language/tone of voice		Taking the lead
Walking side by side with client through session		

Empathy:

- Sense discomfort, sadness, anger regardless of whether it was being explicitly communicated.
- Aware of a genuine care, love, respect and appreciation for person.
- Seeing "essence" of person beneath words/pathology/emotion
- Aware of emotional or somatic response within self.
- Sense of emotional connection to client.

- When clients were cut off from their emotional experience, I found it harder to access empathy.

Somatic Experience:

- Default of feeling checked out of body during sessions.
- As the six weeks progressed, I began checking in with my body more frequently throughout sessions.
- Takes intentional effort to check in with body but when I do, I always feel sensations.
- Focusing on my belly center as well as the sensation of my feet on the ground and my breath helped bring me back to myself and the present moment during sessions.

Other Noticings:

- It was challenge to have one foot in client's process and one foot in my own.
- Once I became frustrated with client, I became checked out of the session. Noticed myself giving hollow, empty "empathic" responses

Appendix F
Bridging the Data

- Sitting with challenging emotions that arise when with clients is similar to sitting with my self in discomfort of meditation.
- Much like my experience with meditation, I often dipped in and out of therapeutic presence throughout session.
- Cultivating a sense of self-love during meditation mirrored cultivating love for the client during sessions. Same energy either directed inward or outward.
- Approaching both meditation and the therapy session with curiosity and openness allowed me to cultivate flexible attention as I tuned into the present. This was contrasted by times in which I felt a sense of impatience entering into either the 40 min of meditation or 50 minutes of therapy. In this experience, I felt distracted by thoughts of the future and a desire to control my (and the client's) experience.

Appendix G

Narrative Vignettes

1. *His voice is gentle and slow on the fuzzy recording that plays from my iphone: "Focus your attention on your right hand. Physically sense the cells and bones and blood flow that resides here." My awareness flows easily down to the tips of my fingers, flooding them with tingling life energy. I stay there for a while, my whole being bathing effortlessly in the sensation of my right hand. Of all my internal parts, my Witness woke up first this morning, and I surrender to her as she observes my experience without assigning value or trying to change it. Prompted by the recording, my attention travels slowly up my arm and methodically shifts from my right shoulder to my left. Almost instantly, tears rush to my eyes. Though it has been five months since the breakup, a fault line of grief runs beneath my heart demanding my attention when I dare to go near. In the day to day, I have become adept at gingerly avoiding this part of my landscape, busying myself with class and homework. Now, in the quiet of my bedroom, the tears slide down my face. Compassion, the part who ushers in self-love, rises from her sleep and joins the Witness, holding space for the tremors of sorrow that reverberate through my body. As the tremors subside, my awareness returns to the recording, traveling down my left arm to my hand. "Focus on your left hand. Physically sense the cells and bones and blood flow." My whole being sinks into the familiar tingling in my left fingers. My breath deepens.*

2. *We walk down the hall, chatting lightly about the impending snowstorm and sure-to-be-slow commute home. As we enter my office we enact the subtle ritual that marks the beginning of each session: he hangs his coat and settles into his chair, I close the door and settle into mine, the Witness by my side. A moment of silence ensues and I settle into all the cells of my body. The room feels expansive and flexible, ready to hold whatever comes next. I feel curious about where we will journey today - what little nooks we will shine light into, what bits and pieces of new understanding we will unearth. "What would you like to talk about today?" I ask.*

He begins with a report back from his week: work has been stressful and his mood, low. "Maybe it's the weather," he says, forcing a smile and waving his hand as if to dismiss the undercurrent of sadness beneath his words. He's mastered the art of concealing his wounds with charisma and intellect. On occasion, he peels back the dressing and lets me see the rawness and depth of his pain. At least for now, the bandage is wrapped tight.

I follow his lead, my attention nimble and alert and we move slowly into familiar themes from his past. He speaks with measured control and I sense his tentativeness as we edge up to the emotion surrounding a painful experience from his childhood. As we move closer he diverts his eyes and his hands trace the seams of his pant legs. I listen and

a strong desire to protect him rises in my chest. I want to reach over our professional divide and wrap him up - allow him to be a kid again, scared and overwhelmed yet safe to fall apart. I feel anger towards parents for failing him. My heart constricts and tears sit just behind my eyes. I want to tell him all of this, shake him a little and make him see that none of it was fair; none of it was his fault. The Witness is beside me and I watch myself get swept away by my own emotion. I take a breath and sense my feet on the floor, imagining roots growing down into the earth and keeping me in my seat. Scanning my body, I focus my attention on my belly. With a few breaths, the swell of sadness and anger subsides and is replaced by a gentle but sturdy sentiment of love that emanates from my heart and belly.

With Compassion beside me, I decide to take a risk. "You know", I say, "I feel sadness when you talk about your experience as a kid in this situation". His face drops and tears fill his eyes. The room fills with electric energy. We sit in silence, holding his sorrow together. I feel a deep reverence for him.

3. *I am awake and alert before my alarm sounds. Though usually an excellent sleeper, this past week I have struggled to rest deeply. It is mid February. Classes are in full swing and no matter how many hours I carve away for homework and reading and life tasks, my list of to-dos grows only longer. These constant demands feed the thin current of anxiety that runs the length of my body; a low voltage live wire that pulses thoughts through my mind as I struggle to sleep and shocks me awake before my REM cycle completes.*

I swing my legs over the side of my bed and stretch my arms, letting out an audible sigh. Standing, I shuffle over to the other side of my room, settle into the small chair and prepare myself for the next forty minutes of meditation. I strike a match, and light the small candle in front of me, watching the tiny flame flicker and brighten. Silently I set my intention for my meditation: to be gentle with myself.

After setting the timer on my phone, I close my eyes and gently fold my hands together in my lap. I consciously deepen my breath so that my lungs fill completely and my stomach expands. I continue breathing slowly as I bring my attention to my kath center, the energetic center that sits a few inches bellow my belly button. Sometimes I imagine light emanating from this place. Today I picture a smooth black stone occupying the cavity of my belly. I sit with this image, feeling my breath wrap against the stone with every inhalation. I consciously imagine my attention sinking down from my head and into my belly.

Suddenly, I remember that I forgot to respond to an email from one of my professors. Within seconds, I am pulled up into my head. The Witness, that neutral force that so keenly observes my experience, notices that my attention has drifted. I inhale deeply, refocus on my belly center and begin descending the line that anchors attention to that deep and settled place. I make it only a few inches before, I am again, wrenched to the surface by thoughts of my day; thoughts that suddenly feel acutely important. Ideas

about an upcoming assignments and conversation I have to have with a coworker vie for my attention. I worry that if I release these thoughts, I will loose them.

Again, The Witness takes note of my busy mind. I breathe deeply and bring my attention down to my center. So the battle continues. Every time I begin to dip into a quite, settled place, I am immediately yanked away. I begin to feel physically restless and uncomfortable. Before long, I am greeted by a familiar voice who I have come to call The Critic. She is judgmental and disparaging about my inability to sink into the meditation and cultivate presence. Her lack of confidence in me becomes a self-fulfilling prophecy as distraction and self-criticism pull my attention farther away from my center. As I sit in this discomfort, The Critic is joined by another unwelcomed presence who I have come to call The Rebel. The Rebel has been an occasional visitor since beginning my meditation practice five weeks ago, but these days her presence is unrelenting. She begins her barrage of justifications for why I should end the meditation early. Self-doubt in my ability to meditate is replaced by doubt about the importance and usefulness of my practice. I begin to feel resentful that I have committed to this project. I open one eye and check the time. I still have twenty minutes left.

It is these moments I see that I have a choice: To succumb to The Judge and The Rebel and end the practice here. To get up and rush to my computer and send that email to my professor. To jump onto the mouse wheel of motion and begin doing and performing and accomplishing. On several occasions, when the voices have been too loud, too rational, too convincing, I have done just this.

Or to stay in the discomfort of my internal struggle. I inhale deeply and turn to The Witness who stands on the edges of my awareness. As I join her in her quiet noticing, the voices of The Critic and The Rebel fade ever so slightly. Opening my eyes, I take in the light of the candle for a moment and remember my intention to be gentle with myself. As I do this, Compassion places her hands on my belly, her warm presence helping me connect with a place of self-love. In the quietness that follows, I grab onto the line that anchors my attention to my center. I am tethered. I return to my breath and feel myself sinking back down. I stay here for a moment until the next wave of thoughts buoy my attention upward.